State of Indiana Employee Plan Information

Name of medical plan : Consumer Driven Health Plan 1 (CDHP 1)

Type of medical plan: HDHP with HSA Plan Year: 1/1/2014 - 12/31/2014

Is the plan fully insured or self insured: Self Insured

		Annual Employer	T
	No. of Enrollees	Contribution	Total Annual Cost
Employee Only Coverage	8529	\$ 4,505.28	\$ 38,425,533.12
Employee + 1			\$ -
Employee + Spouse			\$ -
Employee + Spouse + 1 child			\$ -
Family	13849	\$ 13,483.08	\$ 186,727,174.92
		Total Employer Plan Cost	\$ 225,152,708.04

Name of medical plan: Consumer Driven Health Plan 2 (CDHP 2)

Type of medical plan: HDHP with HSA Plan Year: 1/1/2014 - 12/31/2014

Is the plan fully insured or self insured: Self Insured

		Annual Employer	
	No. of Enrollees	Contribution	Total Annual Cost
Employee Only Coverage	1309	\$ 4,954.56	\$ 6,485,519.04
Employee + 1			\$ -
Employee + Spouse			\$
Employee + Spouse + 1 child			\$ -
Family	1330	\$ 14,384.76	\$ 19,131,730.80
		Total Employer Plan Cost	\$ 25,617,249.84

Name of medical plan : Traditional PPO

Type of medical plan: PPO Plan Year: 1/1/2014 - 12/31/2014

Is the plan fully insured or self insured: Self Insured

		Annual Employer		
	No. of Enrollees	Contribution	To	otal Annual Cost
Employee Only Coverage	657	\$ 5,628.48	\$	3,697,911.36
Employee + 1			\$	-
Employee + Spouse			\$	-
Employee + Spouse + 1 child			\$	-
Family	229	\$ 15,732.60	\$	3,602,765.40
		Total Employer Plan Cost	\$	7,300,676.76

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	Total number of health insurance eligible employees including Board		29,224
2	2 Are all individuals insured under the state's employee health coverage eligible		Υ
2a	If your answer is "N", please explain how your practice comports with IC 20-26-		
3	3 How many employees receive compensation for electing not to enroll in the		0
4	What is the annual dollar amount paid to employees that elect not to enroll in	\$	-
5	Additional compensation, if any, provided to member(s) to offset the cost of	\$	-
5a	Please provide an explanation of any arrangement		
6	Does the State offer/sponsor an on-site clinic?		Υ
6a	If so, is it funded outside the health plan?		N
7	Total number of employees including Board members and legal counsel		25,903
8	Total Employer Contribution to all Health Plans (sum of "Total Employer Plan	\$	258,070,634.64
9	Total annual employer contributions for all participants to a Health Savings	\$	39,600,434.64
	Total Broker or Benefit Consultant fees paid if they are not included in the		
10	premium.	\$	-
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11	Sum of line 8-10	\$	297,671,069.28
12	State's Average Employer Cost Per Employee Per Year (line 11/line 7)	\$	11,491.76